DHS/Mental Retardation Developmental Disabilities Administration

Transmittal Letter No.

Location: **Distribution:**

SUBJECT: **MRDDA Rapid Response Officer**
Effective Date: August 1, 2003

The attached policy issuance sets forth the guidelines and procedures for the establishment of a Rapid Response Officer, which will provide continuous administrative, emergency and national disaster coverage for the Department of Human Services (DHS) / Mental retardation Developmental Disabilities Administration (MRDDA). This policy is intended for use by designated employees of the Department of Human Services/Mental Retardation and Developmental Disabilities Administration, who will serve in that capacity.

This policy aims to ensure that an MRDDA Rapid Response Officer (RRO) shall respond to all emergency calls concerning MRDDA consumers during non-business hours. In the event of a national disaster, the Emergency Management Agency will be involved to provide emergency assistance by mobilizing and deploying emergency services, personnel and resources.

Amendments:

Attachment 1 – Staff Coverage for Rapid Response Officer

Attachment 2 – List of Items in Reference Book

Attachment 3 – Protocol for the Use of Crisis Services

Dale E. Brown Date
DHS/MRDDA Administrator

Yvonne Gilchrist Date
DHS/ Acting Director

DHS/MRDDA Rapid Response Officer Policy

1. **PURPOSE AND SCOPE** - To establish a Rapid Response Officer (RRO) Program that will provide continuous administrative, emergency, and national disaster coverage for the Department of Human Services (DHS)/Mental Retardation Developmental Disabilities Administration (MRDDA).

2. **PROGRAM OBJECTIVE** - The MRDDA Rapid Response Officer (RRO) shall respond to all emergency calls concerning MRDDA consumers during non-business hours. In the event of a global emergency, which might also affect the consumers of MRDDA, the Emergency Management Agency will be involved to provide emergency assistance by mobilizing and deploying emergency services personnel and resources.

3. **DEFINITIONS**

   a. **Rapid Response Officer** - A rotating roster of management level staff members (grades DS/MSS 12 and above), designated by the MRDDA Administrator, who, based upon their job classification, clinical experience and training are available on a twenty-four (24) hour basis, to give advice, guidance and decision making assistance to service providers, consumers, other MRDDA staff, family/community members and other governmental entities. The response time shall not exceed thirty minutes of the time that the designated officer receives the telephone call. Attachment 1 of this policy is a list of the staff that will be functioning in this capacity.

   b. **Tour of Duty** - The tour of duty will be for a seven (7) day period, beginning at 5:00 P.M. on Friday.

   c. **Emergency** – any issue, whether customer or provider related, which requires, or may require, the immediate assistance or intervention of staff at the DHS/MRDDA. Examples of emergencies include but are not limited to: serious customer behavioral and/or medical issues which cannot be addressed at the provider level; emergencies that result in or may result in imminent jeopardy to consumer(s); emergencies which adversely affect a provider's ability to provide customer care and/or would necessitate the movement of consumers (i.e. fires, utility outages, flood, staff shortages).

d. **Serious reportable incident** – A reportable incident which, due to its significance or severity requires immediate notification to, and possible investigation by, external authorities, in addition to internal review and investigation by the provider agency. Refer to DHS/MRDDA Incident Management System, IV. Definitions, D.1, effective October 1, 2001. Examples of serious reportable incidents include: deaths; allegations of abuse and neglect; serious physical injuries; thefts; missing persons (vulnerable or threat to themselves or others); emergency room visits; and inpatient hospitalizations.

e. **Business hours / non-business hours** – Business hours are between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday. Non-business hours are between the hours of 5:00 P.M. to 8:00 A.M., Monday through Friday, Saturday, Sunday and all legal holidays.

4. **RESPONSIBILITIES.**

a. **Providers** – Providers are responsible for contacting DHS/MRDDA for all emergency issues related to consumers. Contact during normal business hours shall be made to the MRDDA Bureau of Case Management. During non-business hours, providers shall contact DHS ANSWERS PLEASE at 202 463-6211.

b. **Administrator** – The MRDDA Administrator is delegated authority to implement this directive and shall establish and publish, at least semi-annually, the Rapid Response Officer roster of staff. Only the Administrator shall approve changes to the roster.

The MRDDA Administrator, or designee, shall ensure that information in the Rapid Response Officer's Reference Book is current and that all equipment is maintained in good working condition (see Attachment 2 for listing of items in Reference Book). The Reference Book should accompany the logbook that is maintained by the designated Rapid Response Officer.

c. **ANSWERS PLEASE** – ANSWERS PLEASE is responsible for triaging all calls from providers to determine whether it is a serious reportable incident or an emergency, as defined in this policy. Based upon the nature of the call, ANSWERS PLEASE shall contact either the DHS / IMIU Duty Officer or the DHS / MRDDA Rapid Response Officer, as appropriate. The RRO would be contacted for emergencies, as defined in this policy in 3.c. - Definitions; the IMIU would be contacted for serious reportable incidents, as defined in this policy in 3.d. Definitions.

Within thirty (30) days of the signing of this policy, training shall be provided to ANSWERS PLEASE staff to ensure that Service Representatives are knowledgeable about new triage procedures and the distinction between those issues which need to be referred to the Duty Officer or Rapid Response Officer.

ANSWERS PLEASE shall have all contact numbers for the MRDDA Rapid Response Officer (cellular phone and pager).

5. **AVAILABILITY / EQUIPMENT**

   a. The Rapid Response Officer shall be available by cellular phone throughout the entire tour of duty.

   b. The RRO shall remain in Metropolitan Washington (within a 50 mile radius of Washington, D.C.) during the entire tour of duty.

   c. The RRO shall refrain from the consumption of any substance that interferes with their decision-making capability during their tour of duty.

   d. The RRO shall be issued a cellular phone, a Rapid Response Officer's logbook, and a reference book at the beginning of the tour of duty. Any lost or damaged equipment should be immediately reported to the Administrator.

6. **PROCEDURES**

Verbal

Upon receipt of a call from ANSWERS PLEASE, the Rapid Response Officer will:

   a. Provide guidance and/or advice to the provider regarding consumer behavioral and/or medical issues.

Note: Guidance and advice should be geared toward resolving the immediate emergency and should not take the place of behavioral support planning or long-term medical interventions.

   b. In the event of a psychiatric emergency, the Department of Mental Health will be notified for crisis intervention. See Attachment 3 for The Protocol of Crisis Services between the Department of Mental Health and Mental Retardation/Developmental Disabilities Administration.

   c. Contact the DHS/IMIU Duty Officer, via ANSWERS PLEASE, for those emergencies that evolve into serious reportable incidents (i.e. emergency hospitalizations, serious physical injuries, deaths)

   d. Contact the MRDDA Administrator for any emergency that may result in imminent harm to customer(s), media attention, court or law enforcement intervention. Any additional notifications (i.e. DHS Director, Mayor's Command Center, DHS Media Director) will be made by the MRDDA Administrator, as appropriate.

Written documentation

All reported emergencies shall be recorded in the Rapid Response Officer Log Book and include the following:

a. Time and date of each call
b. Contact telephone number
c. Name of Provider reporting incident
d. Contact name (provider)
e. Details regarding reported incident
    - Name and Date of Birth
    - Type of Emergency
    - Time(s) / Location (s) of Emergency
    - Circumstances of Emergency

    Notation of subsequent notifications by RRO
f. Initial guidance provided/actions taken by RRO (See DHS Communication and notification form).
g. Duration of contact with reporting entity and any follow up.

Follow-up

Each business day, the Rapid Response Officer shall complete a report for all emergencies that occurred during the previous twenty-four (24) hours. This report shall be submitted to the MRDDA Administrator for immediate distribution to: Chief MRDDA program Integrity Unit, the Chief MRDDA Bureau of Case Management, and the Chief MRDDA Clinical Services, for review and appropriate follow-up.

Reporting / Evans Class Members

The Chief, Program Integrity Unit shall forward all Rapid Response Officer reports pertaining to Evans Class Members, and any follow-up actions taken, to the Evans Court Monitor for review on a monthly basis.

ATTACHMENT 1

Rapid Response Officer Listing

Allen, Joe
Anderson, Alice
Austin, Franklin
Bass, Monique
Bears-Stansbury, L
Brown, Dale E.
DeVasia, Mary
Donner, Kathleen
Exton, Robin
Jackson, Ervin
King, Kenneth
Locks, Francis
McLaurin, Juschelle
Miles, Mark
O'Conner, Chrispin
Oguh, Julie
Rathbone, George
Riley, Marilynn
Sastoque, Patricia
Smith, Jacquelin
Stanton Williams, Denize
Thompson, Marsha
Watson, John
Williams, Ranita

Attachment 2

Rapid Response Officer's Reference Book

Information in the Rapid Response Officer's Reference Book, shall include, but not be limited to the following:

1. List of MRDDA consumers, which would include consumer's place of residence, family, etc.
2. List of all residential providers in the metropolitan area
3. Addresses and telephone numbers of the hospitals in the area
4. Information regarding services for psychiatric crisis intervention – telephone numbers, procedures, etc.
5. Community based services for the mentally retarded and developmentally disabled
6. Transportation services for consumers
7. Resources for adaptive equipment
8. Information re: emergency services in case of a national disaster

ATTACHMENT 3
PROTOCOL FOR THE USE OF CRISIS SERVICES

PROTOCOL FOR THE USE OF CRISIS SERVICES
May 1, 2003

This protocol was developed collaboratively by the Department of Mental Health (DMH) and the Mental Retardation/Developmental Disabilities Administration (MRDDA) in order to effectively provide psychiatric crisis intervention services/supports to individuals with mental retardation and/or a developmental disability.

Each party agrees that it is critical that individuals experiencing a psychiatric crisis receive prompt and effective clinical intervention[1]. The goal of crisis intervention is to protect the health and safety of the individual, his/her family and/or significant others, and, to the extent applicable, the general public. Crisis intervention services are to be provided in the "most integrated" (i.e. most natural and least restrictive) setting appropriate to the individual's needs so that stabilization can be achieved as rapidly as possible. Each party agrees that it is important to avoid hospitalization except when medically necessary for the stabilization of the psychiatric crisis. Each party agrees that hospitalization is not to be used as a substitute for more appropriate in-home or community-based supports.

Each party agrees that stabilization of the psychiatric crisis is a joint responsibility. Resources available to each agency are to be shared in a fair and equitable manner in a spirit of collaborative problem solving. Each party will work diligently to ensure that information is appropriately shared and that responsibilities are implemented as agreed. Any disputes arising from individual cases will be resolved best between the staff most closely involved with the individual's habilitation/treatment. Disputes that cannot be resolved at that level or those involving systemic issues will be handled according to the dispute resolution process described below.

A. **Delivery of Crisis Intervention Services/Supports to Individuals Linked to an MRDDA Provider.**

1. The DMH Access HelpLine shall be notified at the earliest stage possible about a developing crisis situation. Therefore, MRDDA will instruct its providers that Access HelpLine shall be contacted for assistance while the individual can still be supported in his/her home or program site. The Access HelpLine will then be responsible for providing guidance over the telephone or through dispatching of a mobile crisis team.

2. The Comprehensive Psychiatric Emergency Program (CPEP) is the DMH provider of crisis/emergency services for consumers of all ages in the District. However, its Site-Based services are for adults only. CPEP's Mobile Outreach is available for persons of all ages. For referrals to their Site-Based services, it is preferable that CPEP be phoned (202-673-9319) prior to the individual being transported to CPEP itself. If CPEP Mobile Outreach is requested, MRDDA case

[1] The term "clinical intervention" refers to ALL parts of the Mental Health Services spectrum from behavioral to psychiatric social work to emergency psychotropic medication administration ordered by a psychiatrist.

B. Delivery of Crisis Intervention Services/Supports to Individuals Not Active MRDDA Customers.

In the event that an individual with mental retardation is brought to CPEP and there is no known linkage to MRDDA, the following steps will be taken by CPEP:

1. The MRDDA Duty Officer will be contacted through Answers Please. The Duty Officer will check the MRDDA roster to determine whether or not the individual is currently enrolled. If the individual is already a MRDDA customer, the Duty Officer will contact the assigned residential provider or the natural home who will be responsible for promptly contacting CPEP to provide any necessary information or assistance.

2. If there is credible evidence that the individual is mentally retarded, CPEP will make the required treatment decisions. The next business day a DMH case manager will assist the individual with application for services under MRDDA if it is the desire of the individual.

3. If the individual is already in the DMH system or if there is credible evidence of an Axis I diagnosis, DMH will proceed to handle the individual according to its procedures. If the individual is referred and found eligible for MRDDA services, DMH and MRDDA will jointly provide services as directed by the Individual Service Plan.

C. Use of Crisis Beds to Avoid Hospitalization.

DMH and MRDDA will work to develop capacity to avoid psychiatric hospitalization, when clinically indicated, and to expand the array of available community-based supports for crisis prevention intervention and stabilization.

D. Training/Staff Development

1. DMH and MRDDA will design and implement a plan for staff training to ensure
   a) Appropriate staff are familiar with this protocol;
   b) Staff obtain the knowledge and performance competencies required to support individuals with mental retardation/developmental disability experiencing a psychiatric crisis;
   c) Continued collaboration and proactive problem resolution at all levels of each agency.

E. Dispute Resolution

1. The first and preferred level for dispute resolution regarding clinical issues will be with the clinicians, providers and treatment team members involved with a client. A specific clinical issue that is directly linked to crisis intervention must be

decided without delay to avoid harm to the client or other parties at risk. A dispute is defined as a disagreement on service delivery and follow-up.

2. When resolution is not achieved or cannot be achieved at the clinical/ treatment team level, a designee from each agency will meet and attempt to resolve the matter. Urgent issues will be referred and addressed immediately, within one business day/24 hours. If the issue is not urgent, it must be referred to the designees within two (2) business days. Designees must meet and attempt to resolve the matter within two (2) business days from the time of referral.

3. Complaints will be directed to the Director of Case Management at MRDDA and the Director of CPEP in DMH.

F. Following six months of implementation, the first six months of this protocol will be affirmatively reviewed by both parties and modified as necessary. It will be reviewed annually thereafter.

SIGNED Martha B. Kinsley — 5/5/03
Martha B. Kinsley, Director
Department of Mental Health — Date

Juanita H. Price — 5/6/03
Juanita H. Price, Director
Community Services Agency — Date

Dale E. Brown — 5/15/03
Dale Brown, Deputy Administrator
MRDDA Acting — Date

Elizabeth B. Tilley for — 5/19/03
James Parks, Interim Director
Department of Human Services — Date